

WALTER J. OLSON & ASSOCIATES

MANAGEMENT CONSULTANTS

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FAX COVER SHEET

TO: Federal Election Commission

FAX NUMBER: (202) 219-0174

TELEPHONE NUMBER: (202) 694-1100

FROM: WALTER J. OLSON

TELEPHONE NUMBER: (703) 356-6919

FAX NUMBER: (703) 356-5085

DATE SENT: 10/12/10

TIME SENT: 12:10 PM

TRANSMISSION: This transmission consists of this cover sheet

plus 3 additional pages.

MESSAGE: Attached is an FEC Form 5 (9/27/10 through 10/10/10)
for Gun Owners of America, Inc.

CLIENT: GOA

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation Gun Owners of America, Inc.		3. FEC Identification Number C 90011693
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 8001 Forbes Place, Suite 102		
(c) City, State and ZIP Code Springfield, VA 22151-2205		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year-End Report
☐ 24-Hour Report
☒ 48-Hour Report

b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

09 27 2010
 THROUGH
 10 10 2010

6. TOTAL CONTRIBUTIONS

11,560.00

7. TOTAL INDEPENDENT EXPENDITURES

11,560.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Lawrence D. Pratt



10/12/10

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-A **ITEMIZED RECEIPTS**

PAGE 2 OF 3

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)

Gun Owners of America, Inc.

A. Full Name (Last, First, Middle Initial)

Gun Owners of America, Inc.

Date of Receipt

Mailing Address

8001 Forbes Place, Suite 102

10 10 2010

City

State

Zip Code

Springfield, VA 22151-2205

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

C

11,560.00

Name of Employer

Occupation

B. Full Name (Last, First, Middle Initial)

Date of Receipt

Mailing Address

City

State

Zip Code

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

C. Full Name (Last, First, Middle Initial)

Date of Receipt

Mailing Address

City

State

Zip Code

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

D. Full Name (Last, First, Middle Initial)

Date of Receipt

Mailing Address

City

State

Zip Code

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

SUBTOTAL of Receipts This Page (optional) ▶ 11,560.00

TOTAL This Period (last page carry total to Line 6) ▶ 11,560.00

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 3 OF 3
 FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Gun Owners of America, Inc.

Full Name (Last, First, Middle Initial) of Payee

CDR Communications, Inc.

Date

10 10 2010

Mailing Address

9310-B Old Keene Mill Road

Amount

11,560.00

City

State

Zip Code

Burke, VA 22015

Purpose of Expenditure

Radio ad

Category/
Type

004

Office Sought:

☐ House

State: NV

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Sharron Angle

Calendar Year-To-Date Per Election
for Office Sought

34,390.00

Disbursement For:

☐ Primary☒ General☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Date

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/
Type

Office Sought:

☐ House

State: _____

☐ Senate

District: _____

☐ President

Check One:

☐ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For:

☐ Primary☐ General☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Date

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/
Type

Office Sought:

☐ House

State: _____

☐ Senate

District: _____

☐ President

Check One:

☐ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For:

☐ Primary☐ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... 11,560.00

(b) SUBTOTAL of Unitemized Independent Expenditures..... 0.00

(c) TOTAL Independent Expenditures..... 11,560.00
(carry total from last page forward to Line 7)

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked Delivery Confirmation™ Label <input type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

The document preceding this page was received by FAX at the FEC. The receiving FAX machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.

N/A
PREPARER

N/A
DATE PREPARED

(5/2004)